

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 323-5079

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2004 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.

306-66

Name and Address of Commercial Fund-raiser:

CF 366

SHARE GROUP, INC.
99 Dover St.
Somerville, MA 02144

Name and Address of Charitable Organization:

CT No. 065490

F.E.I.N. No.

UNION OF CONCERNED SCIENTISTS, INC.

Name of Charity

2 Brattle Sq.
Address of Charity

Cambridge MA 02238

City, State, and ZIP Code of Charity

Figures from (check one):

National Campaign ☒

California Campaign ☐

Telemarketing

(Type of Activity)

held (on) (from) 10/18/2004, 20_____, to 12/31/2004, 20_____.
(Date or dates must be shown)

Is the contract between the commercial fund-raiser and charity based upon a fee or percentage of revenue? (check one)

Fee ☒ Percentage ☐

If other, provide brief explanation _____

Other ☐

1. REVENUE

A. Cash contributions

~~\$25819~~ 48,955-

A.

B. Entertainment sales or admission charges

B.

C. Sales from products

C.

D. Advertisement sales

D.

E. Membership fees

E.

F. Other sources: (Specify)

F.

a. _____

Fa.

b. _____

Fb.

c. _____

Fc.

d. _____

Fd.

G. TOTAL REVENUE

~~\$25819~~ 48,955- G.

2. EXPENSES

A. Fees or commissions

A.

B. Salaries

B.

C. Payroll taxes

C.

D. Employee benefits

D.

E. Cost of merchandise for resale

E.

F. Cost of entertainment

F.

G. Postage

G.

H. Advertising

H.

I. Telephone

I.

J. Rental of equipment

J.

K. Facilities charge

K.

L. Permits

L.

M. Other expenses: (Specify)

a. _____

Ma.

b. _____

Mb.

c. _____

Mc.

d. _____

Md.

N. TOTAL EXPENSES

n/a N.

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